

**RECEIVED
CENTRAL FAX CENTER****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****FEB 10 2009**

Applicant: Raman Patel, et al.

Examiner: Nathan M. Nutter

Serial No.: 10/754,045

Group Art Unit: 1796

Filed: 01/08/04

Date: February 10, 2009

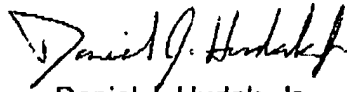
For: **TOUGHENED POLYMER COMPOSITIONS**Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**CERTIFICATION OF FACSIMILE TRANSMISSION**
(Facsimile: No. 571-273-8300 - 10 Pages, incl. this page)

Sir:

The undersigned hereby certifies that the attached **AMENDMENT TRANSMITTAL FORM AND AMENDMENT "D"** are being transmitted herewith via facsimile to the U.S. Patent and Trademark Office, Alexandria, VA, on **February 10, 2009**.

The Commissioner is hereby authorized to charge any fees which might be required or credit any overpayment of fees with regard to the attached document(s) to Deposit Account No. 08-3150.

Respectfully submitted,

HUDAK, SHUNK & FARINE CO. LPADaniel J. Hudak, Jr.
Registration No. 47,669DJHjr/js
2020 Front Street, Suite 307
Cuyahoga Falls, OH 44221
(330) 535-2220
Attorney Docket No. TEK-BEnclosures: Certificate of Facsimile Transmission (1 pg.)
Amendment Transmittal Form (1 pg.)
Amendment "D" (8 pgs.)

Attorney Docket No.: TEK-B**RECEIVED
CENTRAL FAX CENTER****FEB 10 2009****AMENDMENT TRANSMITTAL FORM**

In re Application of: Raman Patel et al.
 Serial No.: 10/754,045
 Filed: 01/08/2004
 For: **TOUGHENED POLYMER COMPOSITIONS**

Examiner: Nathan M. Nutter

Group Art Unit: 1796

Commissioner for Patents
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified re-examination.

☐ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established by a verified statement previously submitted.

☐ No additional fee is required.

The fee has been calculated as shown below:

	Column 1 Claims Remaining After Amend- ment		Column 2 Highest No. Previously Paid For	Column 3 Present Extra Claims	Small Entity Rate	Small Entity Additional Fee	or	Other Than Small Entity Rate	Other Than Small Entity Additional Fee
Total*	13	-	31	= 0	x \$ 26	\$		x \$ 52	\$ 0.00
Indep.*	3	-	4	= 1	x \$ 110	\$		x \$ 220	\$ 220.00
Multiple Dep. Claim					+ \$ 195			+ \$ 390	\$
TOTAL ADDITIONAL FEES					TOTAL \$		or		TOTAL \$ 220.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the *Highest Number Previously Paid For* IN THIS SPACE is less than 20, write "20" in this space.

*** If the *Highest Number Previously Paid for* IN THIS SPACE is less than 3, write "3" in this space.

The *Highest Number Previously Paid For* (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☒ Please charge Deposit Account No. 08-3150 in the amount of \$ 220.00 (1 additional independent claim).

☐ A check in the amount of \$ _____ is attached.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 08-3150.

☒ Any filing fees under 37 CFR §11.16 for the presentation of extra claims in the event sufficient payment is not enclosed.

☐ Any patent application processing fees under 37 CFR §1.17.

Date: 2/10/09By: Daniel J. Hudak, Jr.

Daniel J. Hudak, Jr. Registration No. 47,669
 HUDAK, SHUNK & FARINE CO. L.P.A.
 2020 Front Street, Suite 307
 Cuyahoga Falls, OH 44221
 Telephone: 330-535-2220
 Fax: 330-535-1435

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AMENDMENT "D"

Sir:

In reply to the Office Action mailed January 15, 2009, Applicants respond as follows:

Amendments to Claims begin on page 2; and
Remarks begin on page 8.

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